

SENIOR HOUSING PROXY FORM

This form is being completed in connection with the receipt of the Commodity Supplemental Food Program (CSFP). I agree to serve as proxy for all the residents residing at (Site Name and Address): _____.

Furthermore, I understand and agree to the duties of a proxy to be as follows:

- A proxy can collect and sign for the participant’s monthly food package when the participant is unable to do so. The proxy shall then deliver the package directly to the participant.
- Proxy must be acknowledged by the participant with the appropriate form which must contain the proxy’s signature. Forms will remain on file at Utah Food Bank. Additional proxies can be added at any time.
- Proxies will be listed on the signature sheet; only the proxies listed on the signature sheet can collect a food package for a participant.

SIGNATURE OF PROXY	DATE
PRINT NAME	TITLE

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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